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ABSTRACT

The purposes of the study were twofold: to determine whether educable mentally retarded (EMR) students are rejected during overt interactions with nonEMRs, and to determine whether EMRs who were integrated full-time in a nongraded school were perceived by their nonEMR peers to be similar to segregated EMRs or nonEMRs. Forty-two fourth, fifth and sixth graders were asked to select one of two children as a partner to help them win a prize at a bean toss game. Depending upon the treatment, the other two children were either: a segregated EMR and a nonEMR, an integrated EMR and a nonEMR, or segregated EMR and an integrated EMR. The results indicated that both integrated and segregated EMRs were chosen less often than nonEMRs, and that integrated and segregated EMRs were selected equally often. The findings were discussed in terms of the competence versus liking dimension. Also, it was suggested that future investigations might examine the effects of physical deviance on the EMR's social acceptability. (Author)

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# STUDIES IN LEARNING POTENTIAL

## SOCIAL ACCEPTANCE OF EMRS DURING OVERT BEHAVIORAL INTERACTION

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by

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SOCIAL ACCEPTANCE OF EMRS DURING OVERT BEHAVIORAL INTERACTIONS

Abstract

The purposes of this study were twofold: (1) to determine whether EMRs are rejected during overt interactions with nonEMRs, and (2) to determine whether EMRs who were integrated full-time in a nongraded school were perceived by their nonEMR peers to be similar to segregated EMRs or nonEMRs. Forty-two fourth, fifth and sixth graders were asked to select one of two children as a partner to help them win a prize at a bean toss game. Depending upon the treatment, the other two children were either: (a) a segregated EMR and a nonEMR, (b) an integrated EMR and a nonEMR, or (c) a segregated EMR and an integrated EMR. The results indicated that both integrated and segregated EMRs were chosen less often than nonEMRs, and that integregated and segregated EMRs were selected equally often. The findings were discussed in terms of the competence versus liking dimension. Also, it was suggested that future investigations might examine the effects of physical deviance on the EMR's social acceptability.

# SOCIAL ACCEPTANCE OF EMRS DURING OVERT BEHAVIORAL INTERACTIONS[1]

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In a previous report, Goodman, Gottlieb and Harrison (in press) found that educable mentally retarded (EMR) children who were completely integrated in a nongraded elementary school were sociometrically rejected significantly more often than average-IQ children. An additional finding of that study was that integrated EMRs were rejected significantly more often than EMRs who were assigned to the school's only self-contained classroom. This latter finding was obtained when boys rated sociometric acceptability but not when girls did the rating. Girls rejected integrated and segregated EMRs equally often. In accounting for the greater rejection of integrated EMRs, Goodman, et al. argued that integrated retardates might have been perceived by the nonEMRs as being similar to themselves and therefore were expected to maintain the behavioral standards of typical school children. It would follow that were the EMRs not able to meet these standards they would be less acceptable. On the other hand, segregated EMRs, who were formally placed in the special class, may have been considered by different behavioral standards.

The present investigation extended the previous study. The first intent was to determine whether the verbally expressed sociometric rejection would also be evident in interpersonal encounters between regular class children and psychometrically defined EMRs.

It was assumed that a nonEMR child who rejects a particular child by his response to a sociometric questionnaire would not also select that child as a play companion. This assumption was predicated upon the belief that sociometric evaluation represents a valid assessment of interpersonal behavior (Lindzey and Byrne, 1968). It was hypothesized, then, that integrated and segregated EMRs who were previously found to be sociometrically rejected more often than nonEMRs, would also be rejected more often in situations where a nonEMR is asked to select them as a play companion when he can choose between them and a nonEMR.

The second intent of this investigation was to test whether the integration of EMRs influences their social acceptability. If they become perceived as being like nonEMRs by virtue of their attendance in regular classes, they should also make a more acceptable playmate.

## METHOD

### Subjects

Twenty-six boys and 16 girls from the intermediate unit (fourth, fifth and sixth grades) of a small suburban elementary school served as subjects for this investigation. Subjects ranged in chronological age from approximately nine to 12 years and were presumed to be of average IQ because none of the subjects were candidates for special classes.

Procedures

Three experimental treatments were established. Each treatment session consisted of a same-sex triad of children and involved a subject as one of the three participants. Depending upon the particular treatment, the other two children may have been either: a) an average-IQ child and a segregated EMR, b) an average-IQ child and an integrated EMR, or c) a segregated and an integrated EMR. At no time were the subject and the other children forming each triad selected from the same class. This procedure was employed since preliminary testing in this particular school revealed that the subjects were significantly more positive when rating their own classmates than they were when rating children in other classes. By preventing children from the same home room from entering into a triad, this potential source of bias was obviated.

Each treatment session was begun by introducing the children to each other in order to reduce the strangeness of the experimental situation. Previous data collected in this school established that all children who comprised each triad were already familiar with one another. The experimenter then showed the bean-bag game to the three children and told them that he wanted to find out how well kids their age could throw a bean-bag at a hidden target. The target consisted of a bull's eye which was drawn on the floor and concealed from the subject's view by a vertical barrier. The object of the game was to stand at a line approximately eight feet from the barrier and throw the bean-bag as close to the center of

the target as possible. The children were informed that they were not permitted to move from the throwing line and would be informed by the experimenter where their tosses landed. In this manner, the experimenter was able to manipulate each child's score. After demonstrating the game to the three children, the experimenter took the subject aside and informed him that he would be able to play the bean-bag toss game but in order to do so, would have to select one of the other two children as a partner. He and his partner would each be allowed three throws and each would win a prize if together they scored 15 points (five points were awarded for each toss that fell in the center of the target). The subject then selected one of the children as a play companion and played the game. The choice of a segregated EMR, integrated EMR, or nonEMR, depending upon the treatment, constituted the dependent measure for this investigation.

## RESULTS

Choices for the integrated EMR, segregated EMR and nonEMR were totalled for each of the three treatment conditions. Table 1 presents these totals and indicates that nonEMRs were selected significantly more often than segregated EMRs ($X^2 = 10.29$, $df = 1$, $p < .01$) or integrated EMRs ($X^2 = 14.00$, $df = 1$, $p < .001$). In the third treatment condition, subjects did not differ significantly in the number of times they chose an integrated or segregated EMR ($X^2 = 1.33$, $df = 1$, $p$ = NS).

## DISCUSSION

The results of this investigation are consonant with those of the previous sociometric study (Goodman, et al., in press)which indicated that EMRs in a nongraded elementary school are responded to differently than comparable chronological age nonEMRs. The present results also extend the previous ones by demonstrating that EMRs are chosen less often than nonEMRs during interpersonal encounters. These findings do not necessarily imply that EMRs are socially rejected. The nonEMR may maintain a lower expectancy that the EMR will be able to help him obtain the reinforcement supplied by the experimenter. The consistent failure of the nonEMRs to select retarded children may reflect their perceived competence of EMRs more than their degree of liking or disliking them. Possibly a more stringent means for examining the nonEMRs' perceptions of the retarded regarding the issue of competence versus liking, would have been to structure the experimental situation such that the subject was asked to select a play companion so that only the partner could win experimenter-supplied reinforcement. With the absence of any direct experimenter-supplied reinforcement to the nonEMR, the importance of his prospective partner's potential competence may become a less important consideration, thereby increasing in importance the acceptance variable. Alternative possible explanations for the lack of acceptance of EMRs in this school have been presented elsewhere (Goodman, et al.) and will not be reviewed at this time.

The second purpose of this investigation was to test the prediction that integrated EMRs would be chosen more often than segregated ones. The results did not support this prediction. Rather, integrated retarded children were not chosen any more frequently than the segregated ones. It is apparent, therefore, that merely not assigning a child to a special class in the hope of removing, or at least reducing, the accompanying stigma, is not sufficient to improve the social acceptability of such children. Factors other than class enrollment may be of importance in determining friendship patterns among retarded and nonretarded children. For example, in the present investigation the children differed markedly in physical appearance and motor coordination, some deviating from average in terms of height, weight, gait, etc. A scale of these variables should be developed and applied in this context to clarify further the parameters of social choice.

In the prior report, Goodman, et al., found that male judges were more rejecting of EMRs than female judges were. The present investigation was not able to support that finding since there were too few subjects within each cell to allow for statistically significant results when analyzed for the sex variable. However, in two of the three experimental conditions, virtually all subjects selected a nonEMR as a play companion. In the third condition - segregated EMR versus integrated EMR - equal numbers of males and females selected the integrated EMR while two of the six subjects who chose a segregated EMR were female. Consequently, on the basis of a limited number of subjects there did not appear to be any

difference between the social choice behavior of males and females.

In addition to the administrative decisions regarding special class placement, additional strategies are necessary to enhance the EMRs' social acceptability. Two possible strategies appear plausible. The first of these concerns the identification and modification of behaviors which are viewed by peers as being unacceptable. The second approach might be to modify the peers' perceptions of what constitutes appropriate behavior. These strategies would be based on the assumption that the nonacceptance of retarded children in schools is a dual function of their own behaviors and their peers' perceptions of their behaviors. Possibly, both avenues will require examination if attempts to improve the EMRs' acceptability are to be successful.

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TABLE 1

Frequency of Choices to NonEMRs, Integrated EMRs and Segregated EMRs.

| Treatment Conditions | | | | | |
|---|---|---|---|---|---|
| nonEMR | Integ. EMR | nonEMR | Segreg. EMR | Int. EMR | Seg. EMR |
| 14 | 0 | 13 | 1 | 8 | 6 |
| $X^2 = 14.00^*$ | | $X^2 = 10.29^*$ | | $X^2 = 1.33$ | |

$^*p < .001$